Nothing to disclose; **P. K. Henke**: Nothing to disclose; **S. Kingman**: Nothing to disclose; **J. E. Rectenwald**: Nothing to disclose.

PS124.

Demographic and Echocardiographic Predictors of Anatomic Site and Outcomes of Interventions for Cardiogenic Peripheral Emboli

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Objectives: The association between demographic and echocardiographic findings with the site of cardiogenic peripheral embolization is not known. We sought to determine if cardiogenic emboli have a random distribution or if there are factors that predict site of embolization, limb salvage and mortality.

Methods: Upper (UE) and lower extremity (LE) emboli were evaluated over a 6 year period. Demographic (age, gender, smoking, medical comorbidities) and echocardiographic data were analyzed to determine predictors of embolic site. All patients underwent surgical revascularization. Limb salvage and mortality were compared with Kaplan-Meier analysis.

Results: 160 patients (72 male, 88 female) with presumed cardiogenic emboli were identified, 56 UE (35 right, 21 left) and 104 LE (42 right, 44 left, 18 bilateral). Males had significantly more LE emboli than females (76% vs 56%) and females more UE (44% vs 24%; $P = .01$). No other demographic factors were statistically different. UE patients were more likely to have atrial fibrillation on admission (50% vs 30%; $P = .04$), while there was a trend towards LE patients having a higher percentage of aortic or mitral valvular disease (47% vs 31%; $P = .06$). 30 day limb salvage was higher for UE compared to LE (100% vs 88%; $P = .02$) There was a trend toward higher 30 day mortality in the LE group (14% vs 5%; $P = .08$). One year mortality in both groups was approximately 25%.

Conclusions: UE emboli are more frequent in women and patients with active atrial fibrillation. LE emboli are more frequent in men and patients with valvular disease, and are associated with increased 30 day limb loss and mortality. These findings suggest gender- and cardiac-specific differences in flow dynamics leading to preferential sites of peripheral embolization.

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PS126.

Efficacy of Stent Placement Versus Balloon Angioplasty in Small Vessel of Femoropopliteal Disease

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Objectives: The aim of this study was to evaluate the efficacy of stent placement vs balloon angioplasty (BA) in less than 4.5 mm diameter femoropopliteal (FP) lesions.

Methods: This study was a multicenter retrospective analysis. A total of 2742 consecutive patients (3471limbs) with FP disease and 196 limbs below 4.5 mm diameter femoropopliteal lesions were analyzed in current study; 122 (31.2%) were implanted the self-expanding nitinol stent, 269 (68.8%) were balloon angioplasty alone.

Results: The mean follow-up term were 1.6 ± 1.6 years. The mean reference vessel diameter was 3.8 ± 0.4 mm and the mean lesion length was 55.0 ± 33.8 mm. There was no significant difference in overall primary patency between BA group (73.9%, 52.2% and 44.5% at 1, 3 and 5 years) and stent group (65.5%, 47.3% and 37.6% at 1, 3 and 5 years; $P = .27$), nor was there a significant difference with assisted-primary patency, secondary patency and MACE between in the two groups ($P = .22$, 0.99 and 0.18, respectively). The independent predictors of primary patency were female gender, diabetes mellitus, history of cerebrovascular disease and lesion length.

Conclusions: Implantation of the self-expanding nitinol stent does not improves the primary, assisted-primary and secondary patency and decrease MACE for the femoropopliteal lesions in small vessels compared with balloon angioplasty.

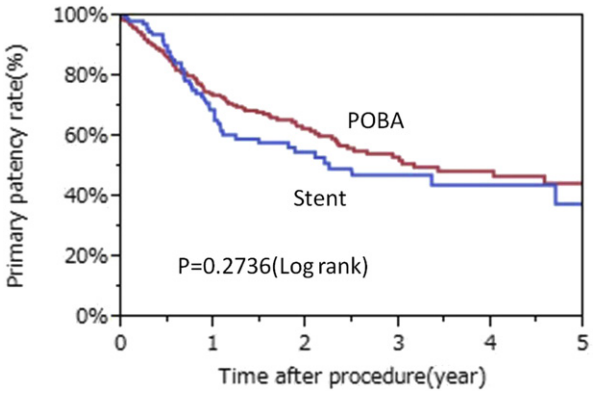

Fig. There was no significant difference in overall primary patency between BA group and stent group.

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C6h: Poster Session-Peripheral Arterial Disease (2)

PS128.

Population Based Study of 20-year Trends in Lower Extremity Revascularizations and Amputations Among Persons With Peripheral Arterial Disease

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